



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Jeni Bolton

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$95091459
Outpatient Patient Service Revenue	\$356112646
Total Gross Patient Service Revenue	\$451204105

2. Deductions From Revenue

Contractual Allowance	\$261658430
Other Deductions	\$674839
Total Deductions	\$262333269

3. Total Operating Revenue

Net Patient Service Revenue	\$188870836
Other Operating Revenue	\$4131413
Total Operating Revenue	\$193002249

4. Operating Expenses

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Salaries and Wages	\$31750972	Employee Benefits	\$6237538
Depreciation and Amortization	\$6111383	Interest Expense	\$2017276
Bad Debt	\$5156900	Other Expenses	\$79947830
Total Operating Expenses	\$131221899		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61780350	Total Assets	\$132763417
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$89880932
Total Net Gains	\$61780350		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$157069133	\$115781879	\$41287254
Medicaid	\$12292997	\$8864415	\$3428582
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$281717778	\$136918661	\$144799117
Total	\$451079908	\$261564955	\$189514953

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$30722	\$40456	\$-9734

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$5385	\$-5385
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2041126	\$5763168	
HCI Payments	\$0		
Subtotal	\$2041126	\$5763168	\$-3722042
Medicaid Shortfalls	\$3286928	\$3351466	
Subtotal	\$5328054	\$9114634	\$-3786580
DSH Payments	\$0		

	Subtotal	\$5328054	\$9114634	\$-3786580
Medicare Shortfalls		\$38785493	\$45448041	
Other Government Programs		\$0	\$0	
	Total	\$44113547	\$54562675	\$-10449128

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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